

## Application Data Sheet

### Application Information

Application number:	
Filing Date:	
Application Type:	Regular
Subject Matter:	Utility
Suggested Classification:	
Suggested Group Art Unit:	
CD-ROM or CD-R:	None
Number of CD Disks:	
Number of copies of CDs:	
Sequence Submission?	
Computer Readable Form (CRF)?	
Number of Copies of CRF:	
Title:	SPECIFIC DETECTION OF TROPONIN AND MODIFIED FORMS OF TROPONIN
Attorney Docket Number:	CIPH-0021
Request for Early Publication:	No
Request for Non-Publication:	No
Suggested Drawing Figure:	1
Total Drawing Sheets:	6
Small Entity?:	Yes
Latin name:	
Variety denomination name:	
Petition included?:	No
Petition Type:	
Licensed US Govt. Agency:	
Contract or Grant Numbers:	
Secrecy Order in Parent Appl.?:	No

## Applicant Information

<b>Applicant Authority Type:</b>	Inventor
<b>Primary Citizenship Country:</b>	United States of America
<b>Status:</b>	Full Capacity
<b>Given Name:</b>	Tai-Tung
<b>Middle Name:</b>	
<b>Family Name:</b>	Yip
<b>Name Suffix:</b>	
<b>City of Residence:</b>	Cupertino
<b>State or Province of Residence:</b>	California
<b>Country of Residence:</b>	United States of America
<b>Street of mailing address:</b>	1532 Aster Court
<b>City of mailing address:</b>	Cupertino
<b>State or Province of mailing address:</b>	California
<b>Country of mailing address:</b>	United States of America
<b>Postal or Zip Code of mailing address:</b>	95014

<b>Applicant Authority Type:</b>	Inventor
<b>Primary Citizenship Country:</b>	United States of America
<b>Status:</b>	Full Capacity
<b>Given Name:</b>	Eric
<b>Middle Name:</b>	T.
<b>Family Name:</b>	Fung
<b>Name Suffix:</b>	
<b>City of Residence:</b>	Mountain View
<b>State or Province of Residence:</b>	California
<b>Country of Residence:</b>	United States of America
<b>Street of mailing address:</b>	440 Whisman Park Drive
<b>City of mailing address:</b>	Mountain View
<b>State or Province of mailing address:</b>	California
<b>Country of mailing address:</b>	United States of America
<b>Postal or Zip Code of mailing address:</b>	94043

## Correspondence Information

Correspondence Customer No.: 53613

Name:

Street of Mailing Address:

City of Mailing Address:

State or Province of Mailing Address:

Country of Mailing Address:

Postal or Zip Code of Mailing  
Address:

Phone number:

Fax number:

## Representative Information

Representative Customer No.: 53613

## Domestic Priority Information

Application:	Continuity Type:	Parent Application:	Parent Filing Date:
This application	An application claiming the benefit under 35 USC 119(e)	60/536,913	January 16, 2004

## Foreign Priority Information

Country:	Application No.:	Filing Date:	Priority Claimed:

**Assignee Information**

<b>Assignee name:</b>	Ciphergen Biosystems, Inc.
<b>Street of mailing address:</b>	6611 Dumbarton Circle
<b>City of mailing address:</b>	Fremont
<b>State or Province of mailing address:</b>	California
<b>Country of mailing address:</b>	United States of America
<b>Postal or Zip Code of mailing address:</b>	94555